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EXCISION

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THE SUPERIOR MAXILLARY BONE:

WITH CLINICAL REMARKS,

BY

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[*Reprinted from the* BRITISH MEDICAL JOURNAL, *February 6th*, 1869.]

PRINTED BY
T. RICHARDS, 37, GREAT QUEEN STREET.

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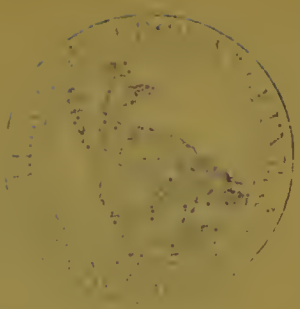

EXCISION OF THE SUPERIOR MAXILLARY BONE: WITH CLINICAL REMARKS.

S. W., aged 48, was admitted to the Royal Infirmary, on March 3rd, 1868, with a tumour of the upper jaw. She was in her usual health till about fifteen months previously, when she began to be troubled with a "stuffing" of the right nostril. Eight months before admission, she lost the sense of smell, and at the same time she became aware of a fulness of the right cheek. Previously to this, she was troubled with swelling and pain of the gum near the right molar teeth, which was attributed to gum-boil, and for which she got some teeth extracted, without relief.

On admission, there was observed a very marked protrusion of the right superior maxillary bone. The swelling was nodular, and hard to the touch. The growth extended into the right nostril and pressed up the nasal bone. It also protruded into the mouth. It did not seem to invade the orbit; but a semi-elastic tumour was felt in the right temple behind the malar bone. For a few weeks before admission, there had been a fœtid discharge from the right nostril. She was rather feeble, and had lost appetite lately. The nature of the operation having been explained to the patient, she eagerly accepted the chance of relief from the distress which she had latterly been suffering.

On March 7th, the operation was performed, as follows. The patient was placed deeply under the influence of chloroform. The upper lip was slit up to the septum of the nose, and separated on the right side from the nasal orifice. A perpendicular incision was made from the ala

of the nose up to the inner angle of the orbit. A transverse incision was extended from that along the infra-orbital ridge to the malar bone. The whole cheek was then disseeted from the bone and tumour, and held back. Strong cutting pliers were used to divide the zygomatie process of the malar bone, the nasal process of the maxillary bone, and the palate in the mesial line. Little force was necessary to dislodge the superior maxillary bone and the contained tumour, but, owing to the softness of the latter, it broke off, and a part was left adhering to the bottom of the wound. That was removed with polypus-forceps; the gouge was used to scrape away any remaining portions; and a red-hot iron was freely applied to the bones against which the mass seemed to have been resting. The only vessels which required attention were the coronary, which were secured by torsion. A strong solution of chloride of zinc was applied to the whole wound; experience having shown that this substance has a remarkable efficacy in controlling the fœtor which wounds in the mouth produce. The edges of the incision were brought together with silver sutures.—10 P.M. She was wonderfully well. Pulse 118. She felt little pain. She had had some sleep, and had taken some milk and beef-tea.

March 8th.—She had some sleep. Pulse 100; better than before the operation.

March 10th.—She was going on well. Pulse 90. The wound in the face had healed by the first intention. She was ordered to wash out her mouth freely with solution of chlorate of potash.

March 11th.—The lint which was introduced to support the cheek was removed to-day. There was not much discharge from the interior of the mouth.

March 20th.—All the stitches were removed to-day. The patient said that she had recovered the sense of smell, also partly that of taste, a pleasure which she had not enjoyed since eight months before the operation. This morning she walked up to the theatre—two stairs—and was shown to the clinical class.

April 10th.—The patient left the hospital to-day in excellent spirits. Free from pain and uneasiness. No appearance of any recurrence of the disease.

Clinical Remarks made after the operation on the 7th of March. (Abridged). Gentlemen,—The operation which I explained to you yesterday and which you have just seen performed, is so appalling to an onlooker, that I must begin by telling you that it is not usually fatal in its immediate results. Still it is sufficiently formidable to make it imperative on the surgeon to be well satisfied of its necessity before undertaking it. The question of possible malignancy in this case I discussed fully at the clinical lecture, and I gave you my reasons for doubting that and giving the patient the benefit of the doubt. If the origin of the tumour could be clearly traced to a growth from the spongy bones of the ethmoid, there would be strong reason for prognosticating an early return of the disease; but here the alveolus was so early implicated that it was impossible to affirm that the invasion of the nostril did not arise from an out-growth from the antrum. The large protrusion of the tumour into the zygomatic fossa also pointed to the probability that the tumour sprung from the floor of the antrum. Guarding my prognosis by these doubts I did not see it my duty to refuse the patient the hope of permanent—as I could almost promise her the certainty of temporary—relief from her present sufferings. It is now my duty to tell *you* that the nature of the tumour and its connections, as discovered during the operation, leaves little hope that the cure will be permanent, but that at no distant date we may look for a reappearance of the tumour. But I wish, very distinctly, to guard you against taking this case as a reason for adopting an opinion held by many practical surgeons, that tumours of the superior maxillary bone are so frequently malignant as to make their removal altogether exceptional. I have heard this argument used, and I have a case in point which is both interesting and important at the present moment, which I shall relate in a few words. Five years

ago, I had a case in the hospital presenting most of the features of to-day's patient. However, the alveolar origin of the tumour seemed to me more marked than in this. My senior colleague strenuously urged me not to attempt its removal, on the grounds I have just stated, but, being supported by the others, at the man's urgent request I undertook the operation, which was performed much in the same way that you have just seen. Here in this jar (jar shown) is the preparation of the upper jaw and contained tumour removed at that time—and here is the man himself (patient introduced to the theatre), in the enjoyment of excellent health and strength, with no trace of a return of the disease, with perfect power of mastication and speech, five years after the operation. Such a result is, to my mind, a sufficient answer to objections which might be urged in a similar case, and a valid ground for performing such a formidable operation as you have just witnessed.